

DEPARTMENT OF HEALTH SERVICES

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November 22, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-61

EXTENDED MEDI-CAL ELIGIBILITY FOR FORMER FOSTER CARE CHILDREN 18 THROUGH 20 YEARS OF AGE

The purpose of this letter is to provide the counties further information and clarification regarding the extension of Medi-Cal benefits for this new optional eligibility group.

BACKGROUND

This letter is a follow-up to the All County Welfare Director's Letter (ACWDL) No. 00-41. In that letter, we provided information regarding this new program and the affected population. This program continues eligibility for individuals who were in foster care under the responsibility of the State on their 18th birthday and it will continue until their 21st birthday. We have expanded the definition of those former foster children who may be eligible for extended Medi-Cal to include those in Aid Codes 40, 42, 45, 4C, and 5K on their 18th birthday. The only exceptions are those children who are incarcerated, undocumented or in residential treatment facilities. The list of eligibles has been amended at the request of numerous county staff and after a review of the federal law indicated that these clients can be covered by the new program. The law permits the Medicaid program to extend eligibility to those in foster care under the responsibility of a state even though Title IV E funds may not be used. Since they are eligible for no share-of-cost Medi-Cal while in the foster care program, it is fair to include them when they lose foster care eligibility. There will be no income or resource tests for this group regardless of their living arrangements or with whom they reside. As described in ACWDL No. 00-41, those former foster children who have already reached 18 years of age prior to October 1, 2000, and have been terminated from foster care, are also eligible for this extended eligibility as long as they meet all other requirements.

An aid code of 4M has been designated for this new eligibility category. We expect the new aid code to be effective and available for use by December 1, 2000.

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IMPLEMENTATION

The county must transition the foster care youth to the extended Medi-Cal program on their 18th birthday or after being terminated from foster care after their 18th birthday (if they are still full-time high school students or are enrolled in a qualifying vocational program) without requiring the foster care youth or foster care parent to complete an application. There will be no automatic rollover to Aid Code 4M by the Medi-Cal Eligibility Data System. The Department does not wish to specify a single method for completion of this process; however, the counties are expected to set up a Medi-Cal case file. Because Aid Code 4M will not be in effect until after the October 1, 2000, date of implementation, the counties should maintain the 18-21 year old foster care youth in their current aid code category or any other zero share-of-cost aid code. Upon the initiation of Aid Code 4M, these cases should be transitioned out of their respective aid codes into category 4M.

As we noted in ACWDL No. 00-41, the choice of enrollment in a managed care health plan will remain optional for this population with the exception of clients who live in a county which has a County Organized Health System, where enrollment is mandatory. It is important to note that this 18-21 year-old group is viewed more as a regular Medi-Cal beneficiary as opposed to remaining a foster care child. This is particularly relevant when there are combined or mixed Medi-Cal households. It is also important if a beneficiary moves from one county into another since this now requires an inter-county transfer just as it does for any other Medi-Cal beneficiary.

The Medi-Cal Eligibility Branch has been working with the County Welfare Directors Association Rapid Response Team, which is composed of a representative selection of county staff who review and provide input on state projects. We have also received responses from county staff persons who have received ACWDL No. 00-41. The Department is receptive to any and all input received from the counties since it serves to ease program administration. We have compiled an enclosure of questions and answers that, hopefully, will provide answers to many of your questions and issues.

If you have questions regarding this program or letter, please contact Ken Martinez at (916) 657-0011, Janeen Jimenez at (916) 657-1248 or Carl Miller at (916) 657-0562.

Sincerely,
ORIGINAL SIGNED BY
MARLENE RATNER for
Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch

Enclosure

**FORMER FOSTER CARE CHILDREN (FFCC)
AID CODE 4M**

CATEGORY	QUESTION	RESPONSE
IMPLEMENTATION	<ol style="list-style-type: none"> 1. When does this program become effective? 2. Will the aid code 4M be available for use on the date the program is to become effective? 	<ol style="list-style-type: none"> 1. The program becomes effective October 1, 2000. System changes to accommodate the program will not be applicable until 12/01/00 at the earliest. 2. No. The aid code will probably be available for use by December 1, 2000. Until then, counties should flag the case and place the youth in a full-scope zero share of cost aid code.
ELIGIBILITY	<ol style="list-style-type: none"> 1. Are all former foster care children eligible for this program? 2. In regard to implementation. If a child was on FC at the time of his/her birthday last year, is that child eligible effective 10/2000? 3. Are probation foster care cases eligible? 4. Are children who were SSI recipients while in foster care placement eligible for this program? 5. If the 18 year old former foster care child returns to live with his/her natural parent(s), is he/she still eligible for this program? 	<ol style="list-style-type: none"> 1. No. All former foster care children who were in aid codes 40, 42, 45, 4C and 5K on their 18th birthday will be automatically be eligible for this program. These aid codes do not include undocumented children, who should be in aid code 58, and may be reevaluated under that aid code for continued eligibility when they reach the age of 18. 2. Yes the child is eligible, but the eligibility will begin on 10/01/2000, which is the effective date of the program. Eligibility may be retroactive up to 3 months only but no earlier than 10/01/2000. 3. Yes, even foster care children on probation are eligible. 4. Yes. These children may be placed in aid code 4M if they are no longer eligible for SSI benefits. If, however, they are receiving disability-based SSI benefits, they will remain in the appropriate SSI aid code. 5. Yes. In this case, the child will be considered to be in his/her own MFBU.

<p>ELIGIBILITY Cont.</p>	<p>6. If "in receipt of Foster Care" means receipt of any Foster Care service, verification of foster care child welfare services is much more sensitive. Will these cases require a consent form to release information.</p> <p>7. If the FFCC has a child, would the infant be deemed eligible for Medicaid under the FFCC family budget unit?</p> <p>8. If a child was receiving foster care benefits on his/her 18th birthday in another state, is the child eligible to participate in this program if he/she enters California anytime after his/her 18th birthday.</p> <p>9. Does every state offer this program to this population of youth?</p> <p>10. Are foster care recipients that are incarcerated or in a mental institution eligible?</p> <p>11. Are undocumented foster care children eligible for this program?</p> <p>12. Are emancipated minors eligible for FFCC?</p> <p>13. Will a FC recipient who turned 19 in April 2000 be eligible for FFCC?</p>	<p>6. These cases should be treated the same as any other Medi-Cal case with regards to confidentiality and sensitive information.</p> <p>7. An infant born to a FFCC will be considered to be in its own "family unit" and regular Medicaid rules will apply.</p> <p>8. If the child is able to prove that he/she was receiving foster care benefits on his/her 18th birthday, then that child will be eligible for Medi-Cal under aid code 4M.</p> <p>9. This is a federal option. It is not clear, however, if all states will be participating.</p> <p>10. Recipients who are incarcerated and or are residing in a mental institution may NOT receive Medi-Cal services during the time they reside in the institution. Benefits will be available when they leave the institution.</p> <p>11. No, undocumented former foster children are not eligible for this program.</p> <p>12. No. Only children that are foster care recipients on their 18th birthday will be eligible for this program. Emancipated minors will have to apply for MN.</p> <p>13. Yes, but not until 10/01/2000. The child may remain in the FC aid code until implementation of aid code 4M. If the county has an automatic roll over, they can opt to designate a particular aid code such as 38 or 34, as long as there is no SOC or income and asset restriction applied for the aid code.</p>
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ELIGIBILITY Cont.	14. What happens if the youth becomes eligible for CalWORKs? How can the youth be tracked to ensure that he/she returns to this new program if/when CalWORKs eligibility stops?	14. The youth has the option to choose CalWORKs over the FFCC program. If the youth is terminated from CalWORKs, he/she can return to the FFCC program. The counties will be responsible for tracking these cases.
APPLICATION & REDETERMINATION	<ol style="list-style-type: none"> 1. Will these cases be reported as foster care cases or as Medi-Cal? 2. Will we receive an application count as well as an on-going case count? 3. What will the new aid codes be used for? 4. Will they be required to complete an annual redetermination? 5. How will other health coverage be treated? 	<ol style="list-style-type: none"> 1. As stated in ACWDL 00-41, counties must transfer the foster care case file from the foster care program to the Medi-Cal program. Because counties are organized in ways to meet their unique needs, no method of transfer will be specified. Once transferred from the foster care system, however, the files will become Medi-Cal case files. 2. This program does not require an application. Counties will be responsible for setting up an on-going case count within their county. 3. The new aid code will be used for State tracking of the number of FFCC eligible recipients. 4. Yes, as required by federal regulation; however, it may consist of a status/address update and verification of desire to continue eligibility. 5. The same procedures apply to this program as with any other M/C program. Other health coverage must be reported. This is to be worked out within the individual counties. We do not want to dictate a specific procedure but allow what works best for each county. The goal is continued M/C for FFCC client.

<p>APPLICATION & REDETERMINATION cont.</p>	<p>6. Can the foster care worker initiate a referral to complete an annual redetermination?</p> <p>7. Who will take ownership of FFCC case from foster care worker so they are counted as Medi-Cal not foster care?</p> <p>8. What specific type of written verification will be needed in the MC record to establish that a child was receiving FC?</p> <p>9. Are there specific rules regarding FFCC cases that are unique to this program?</p> <p>10. Will this aid code be mandatory?</p> <p>11. Many FC children have large trust accounts. Those accounts often become available on the child's 18th birthday. How will they be treated?</p> <p>12. Will there be a new SAWS case for the MC program at the time of FC discontinuance?</p> <p>13. Will the cases that have been found via outreach be able to be set up with 3 month retro eligibility (going back only to 10/01/2000) as with other types of M/C cases?</p>	<p>6. This will be decided within the counties. We do not want to dictate a specific procedure as each county operates in a unique manner. The goal is continued M/C for the FFCC client.</p> <p>7. These cases will be Medi-Cal and therefore maintained by the Medi-Cal program side in each county.</p> <p>8. This will be decided within each county on a case by case basis. There will be a foster care record that contains enough data for M/C eligibility.</p> <p>9. While there is no income or asset test, once eligibility is established, "applicable policies and procedures" will apply. The instructions for this case type will be the same as any other M/C case.</p> <p>10. Aid Code 4M is the designated aid code for FFCC cases.</p> <p>11. There are no tests for assets, income or resources. This will not be a consideration.</p> <p>12. This is up to the counties as each county must create a M/C case.</p> <p>13. Yes, if a case is located and eligibility is established, it may be entered retroactive up to three months, but not prior to the 10/1/2000 program start up date.</p>
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SYSTEM	<ol style="list-style-type: none"> 1. Is it possible for the state to automatically rollover the Foster Care youth as they turn 18 to state-controlled Medi-Cal and keep them active until they turn 21? 2. It would be possible and plausible to have the foster care worker move the child into the new aid code when he/she is terminated from foster care to expedite the transfer. Can this be programmed in the automated systems? 3. Will the new aid code be in effect on 10/01/00? 	<ol style="list-style-type: none"> 1. An automatic rollover or system change may be possible; however, there are certain criteria that must be met. They do not qualify for 4M until they are no longer FC, which could be when they turn 19 because they were still in school. For now the county must control conversion to 4M. 2. This is a possibility that we are looking into for the future. (We want the client to have some personal contact with the county staff so they don't drop off MC) 3. No. Aid code 4M will not be available for use until system modifications have been completed. The target date for aid code 4M is December 1, 2000. Until that time, the FFCC cases will remain in the aid code they were in at the time of the 18th birthday, or that zero SOC aid code used by the county.
MANAGED CARE	<ol style="list-style-type: none"> 1. Managed Care - Since these youth are very mobile, will managed care be optional and NOT mandatory? 	<ol style="list-style-type: none"> 1. Managed care is voluntary in all counties with the exception of COHS counties the same as foster care cases. System changes are being made to ensure that 4M is non mandatory in all counties with the exception of COHS counties.
OUT REACH	<ol style="list-style-type: none"> 1. How will the foster parents be informed of this new program? 2. How will 18 - 21 year old former FC youth that were FC on their 18th birthday be located if they have moved and are no longer in the system? 	<ol style="list-style-type: none"> 1. DHS/DSS will be conducting outreach to make sure all the appropriate people are educated about the program. 2. DHS is working with DSS on the outreach process to locate these youths.

<p>OUT REACH cont.</p>	<p>3. Is there going to be any need to search closed records?</p> <p>4. Will there be a new NOA giving information on reporting and usage of the BIC card?</p>	<p>3. The counties will be responsible for reviewing closed FC cases to make sure all former foster care children are notified of the new program. DHS/DSS will make an effort to reach this population via mailings to various organizations that provide services to these youth.</p> <p>4. FFCC should receive the same information as other Medi-Cal beneficiaries; the manner of delivery is determined by the county. DHS will develop the NOA with the assistance of CWDA.</p>
<p>KIN GAP, TMC, 1931B</p>	<p>1. How will children in the Kin-GAP program be affected by this change?</p> <p>2. Will the children who are moved out of Foster Care and into KinGap be negatively affected? Will this new program serve as a disincentive to move the children out of Foster Care and into KinGap?</p> <p>3. If a FC child is living with a family that is receiving TMC at the time the child turns 18, will FFCC eligibility be affected?</p>	<p>1. Kin-GAP children have had their dependency order dismissed and are no longer considered foster care youth. They are not eligible for this program. They will have to be evaluated for the Medically Indigent, Healthy Families or any other applicable program.</p> <p>2. They may have health care through the other family plans; each case would be different circumstance. It would be up to the FFC to determine this.</p> <p>3. No, the FC recipient will be placed in 4M with no SOC with no limit on assets, resources or income. The FFCC will not be considered part of any other MFBU.</p>